



## Report Identification Number: SY-22-021

Prepared by: New York State Office of Children & Family Services

Issue Date: Aug 17, 2022

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 day(s)

**Jurisdiction:** Oswego  
**Gender:** Male

**Date of Death:** 04/25/2022  
**Initial Date OCFS Notified:** 04/27/2022

## Presenting Information

On 4/27/2022, Oswego County Department of Social Services (OCDSS) notified the Syracuse Regional Office, via the 7065 Agency Reporting Form, of the death of the 5-day-old subject child, which occurred on 4/25/2022. The subject child was born premature at 8 months due to a congenital defect and had a blockage of his bladder which had inhibited proper lung development and caused irreparable damage to his vital organs. Hospital staff deemed it medically impossible to remove this blockage as the baby was not strong enough to survive the necessary surgery. The subject child suffered cardiac arrest while at the hospital on 4/25/2022 and was pronounced deceased. There was a 3yo surviving sibling who was placed outside of the home prior to the death.

## Executive Summary

On 4/27/2022, OCDSS notified the Syracuse Regional Office of the death of the 5-day-old subject child listed on an ongoing Preventive Services Case. The subject child was born and died of a congenital medical issue at the hospital. Also listed on the Preventive Services Case was a 3-year-old surviving sibling and that child’s biological father, neither of whom had contact with the subject child during his life. The biological father of the subject child was identified and determined to be incarcerated at the time of the death.

The subject child was born via caesarian section on 4/20/2022 and was found to have a blockage of his bladder which had inhibited the growth of the surrounding organs. OCDSS contacted the mother, hospital staff, and other service providers and determined there was no suspicion of the medical issue being related to abuse or neglect and there was no need to initiate a hotline report with the SCR. Hospital staff determined the child would not survive any necessary surgery and the mother made the decision to remove the child from life support. The subject child passed away on 4/25/2022.

The record reflects OCDSS made multiple attempts to gather medical documentation surrounding the subject child’s birth and care at the hospital; however, does not reflect any such documentation was obtained.

The surviving sibling had been placed in the care of her maternal uncle since April 2021, when an Article 10 Neglect petition was filed against the mother and the biological father of the surviving sibling. The mother and biological father of the surviving sibling had supervised visitation with the surviving sibling at the time of the death.

The mother was offered information for grief counseling related to the death of the subject child but reported she was already receiving counseling as it had been offered by the hospital. No service needs related to the death of the subject child were identified for the surviving sibling or that child’s father.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:



- Safety assessment due at the time of determination? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**  
The death of the SC was not reported to the SCR; therefore, there was no safety assessment required and no allegations to be determined.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
OCDSS thoroughly assessed the cause and circumstances surrounding the subject child's death.

### Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 04/25/2022

Time of Death: 05:23 PM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Hospitalized

Did child have supervision at time of incident leading to death? Yes

At time of incident was supervisor impaired? Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent



Asleep

Other: N/A

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Day(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Other Household 1	Sibling	No Role	Female	3 Year(s)
Other Household 2	Other Adult - Biological father to the 3-year-old half sibling	No Role	Male	37 Year(s)

**LDSS Response**

In response to learning of the birth of the subject child, OCDSS contacted the mother, secured a release of information pertaining to the subject child, and discussed the child's condition with hospital staff. OCDSS learned the subject child was born with a blockage in his bladder which had caused the bladder to become distended which led to issues with the development of the surrounding organs, including the lungs. OCDSS was informed by hospital staff that there were no surgical options as the medical team believed the child was too fragile to survive any surgery.

Hospital staff reported the mother was caring and appropriate towards the child and made the decision to remove the child from life support systems after being told the hospital could provide only comfort care for the child.

The case record reflects supervisory consultation as well as consultation with OCDSS's legal team pertaining to planning for the possibility of a change in the subject child's medical situation and his potential discharge from the hospital, including planning for where the mother could live if she were found to be an appropriate caretaker.

The case record reflects OCDSS learned the identity of the presumptive biological father of the subject child, who was incarcerated at the time of the child's birth and death. OCDSS contacted the father via telephone to interview him and offer services; however, the father declined to have any involvement with OCDSS.

**Official Manner and Cause of Death**

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

**Multidisciplinary Investigation/Review**

**Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes**

**CPS Fatality Casework/Investigative Activities**



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

**Explain:**  
The death of the subject child was not reported to the SCR, therefore the safety assessments were not required.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
Risk for the surviving sibling was adequately assessed and the needed services were already in place. A Risk Assessment Profile was not necessary as this was not an SCR reported fatality.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The surviving sibling had already been placed with a relative by court-order in April of 2021 and remained safe with that relative at the time of the fatality.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A**

**Explain:**

There were no service needs identified for the surviving sibling related to the fatality.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? N/A**

**Explain:**

OCDSS provided information for services for the mother which she declined as she was already receiving services through the hospital. No service needs were identified for the father of the surviving sibling. Services were offered to the biological father of the subject child, but were declined.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/09/2021	Sibling, Female, 2 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 2 Years	Other Adult - Biological father to the 2-year-old half sibling, Male, 36 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Other Adult - Biological father to the 2-year-old half sibling, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Other Adult - Biological father to the 2-year-old half sibling, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

The SCR report alleged that police responded to a welfare check and the father answered the door with a hypodermic needle behind his ear. The home was found to be in deplorable conditions with food, garbage, and drug paraphernalia, including uncovered hypodermic needles, throughout and in reach of the child. Further, the then 2yo surviving sibling was found to be in a soiled diaper which was taped on to her body.

**Report Determination:** Indicated

**Date of Determination:** 04/20/2022

**Basis for Determination:**

OCDSS determined there was enough credible evidence to substantiate the allegations as the home was found to be in deplorable conditions with garbage, food, drug paraphernalia, and other items on the floor and in reach of the 2yo. The home was deemed uninhabitable by the building and code department. The father admitted to relapsing and stated that the hypodermic needle behind his ear was an “upper” he planned to use to stay awake to supervise the child while the mother slept. Both parents were arrested and charged with endangering the welfare of a child.

**OCFS Review Results:**

The record reflected the parents made a plan to send the child with a paternal aunt after their arrest. On 4/9/2022, OCDSS spoke with the aunt via telephone to assess the safety of the child. OCDSS filed a neglect petition against both parents and the child was ordered to be placed with another relative due to a concern for the aunt’s household, as that family was already receiving voluntary preventive services through OCDSS due to concerns for inappropriate sexualized behaviors between the children living there.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
--------------------	-------------------	------------------------	---------------	--------------------	---------------------



01/04/2021	Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the parents were using heroin while caring for the then 1yo SS. The report also alleged a history of violence between the parents and alleged the father had stabbed the mother the previous weekend.

**Report Determination:** Unfounded

**Date of Determination:** 03/05/2021

**Basis for Determination:**

The investigation found the parents did admit to engaging in a verbal argument but denied any physical violence in the presence of the then 1yo SS. The determination notes that, though there were suspicions for drug use for both parents, insufficient evidence was found to corroborate those suspicions. The determination noted frequent law enforcement and CPS response to the home with the parents appearing sober during all contacts.

**OCFS Review Results:**

OCDSS interviewed the parents, relatives, LE, and other collaterals. The risk rating was high and OCDSS appropriately attempted to provide services which were refused by the family.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/29/2020	Sibling, Female, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 25 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report alleged that both parents were using drugs while being the sole caretaker of the then 1-year-old sibling.

**Report Determination:** Indicated**Date of Determination:** 01/20/2021**Basis for Determination:**

OCDSS noted the home to be a health and safety concern for the SS during multiple home visits. The parents only acted to clean the apartment after being told by OCDSS to clean to avoid a safety plan being made. The allegations of Parent's Drug / Alcohol Misuse were substantiated against both parents; however, neither the case record nor the investigation determination reflect credible evidence for that determination.

**OCFS Review Results:**

OCDSS conducted regular home visits to assess for the safety of the home and found the parents to appear sober throughout the investigation. OCDSS conducted collaterals including family members and service providers and made referrals for the family as necessary. OCDSS consulted with their legal department due to ongoing concerns for drug use and for the unsafe state of the home. The Risk Assessment Profile does not reflect the prior removal of the mother's older children nor their continued custody with the maternal grandmother.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The High Risk section of the RAP did not reflect the mother's older children which were placed with the maternal grandparents during a previous investigation and remain in the care of the grandparents.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Appropriateness of allegation determination

**Summary:**

The allegation of Parent's Drug / Alcohol use was substantiated against both parents despite a lack of credible evidence documented in the case record to support that determination.

**Legal Reference:**

FCA 1012 (e) &amp; (f); 18 NYCRR 432.2(b)(3)(iv)

**Action:**

OCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Syracuse Regional Office if further guidance is needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/03/2020	Sibling, Female, 1 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Other Adult - Biological father to the 1-year-old half sibling, Male, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and father “shot up an unknown substance” while in the presence of the then 1yo SS and, as a result, became too impaired to properly care for the SS.

**Report Determination:** Unfounded**Date of Determination:** 05/04/2020**Basis for Determination:**

OCDSS unfounded the allegations of parents' drug alcohol misuse against both parents. The determination notes there was a lack of credible evidence found and that both parents denied any current illicit substance use in the presence of or while caring for the 1yo SS.

**OCFS Review Results:**

OCDSS asked both parents to submit to drug screening due to ongoing concerns for illegal drug use. The parents agreed to this and signed released for the drug screening facility; however, the record does not reflect any contact with the parents or the drug screening facility to follow-up with that concern. OCDSS obtained a release from the mother to gather information from the then 1yo SS’s pediatrician; however, the record does not reflect that information was received from the pediatrician. The father of the SS signed a release for his drug treatment provider and the record does not reflect any contact with that provider.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

OCDSS gathered releases from the parents to speak with collateral contacts including the SS's pediatrician, the father's ongoing substance abuse treatment provider, and a drug screening facility with which the parents had agreed to submit for testing; however, the record does not reflect information gathered from those collaterals.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

OCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/06/2019	Sibling, Female, 10 Months	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 10 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Months	Other Adult - Biological father to the 10-month-old half sibling, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Months	Other Adult - Biological father to the 10-month-old half sibling, Male, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and father of the then 10-month-old SS were using illegal drugs while caring for the child and alleged the parents had brought the SS to a known drug house and left her in the care of the people in that home.



**Report Determination:** Unfounded **Date of Determination:** 12/23/2019

**Basis for Determination:**  
OCDSS noted no credible evidence was found to support the allegations of the parents using illegal drugs in the presence of, or while caring for the SS. OCDSS noted the parents were observed throughout the investigation to appear sober and collateral contacts, including the father's drug treatment provider, disclosed no evidence of drug use for the parents while in the presence of or while caring for the child.

**OCFS Review Results:**  
OCDSS conducted an investigation that was commensurate with the case circumstances and met all regulatory guidelines.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

### CPS - Investigative History More Than Three Years Prior to the Fatality

The mother was named as a subject in 2 SCR reports more than 3 years prior to the fatality, dated 5/20/2017 and 12/11/2017. Both of those cases involved allegations of drug use, physical violence, and homelessness which were indicated against the mother regarding her 2 older children unrelated to this report. The mother voluntarily gave custody of those children to their maternal grandmother when she was made aware that OCDSS planned to file a petition against the mother in family court. Those children remain in the care of the maternal grandmother.

### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 04/15/2021

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes

**Date the Child Protective Services case was opened:** 04/15/2021

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	---------------------



# Child Fatality Report

<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> A FASP due on 5/11/2022 had not been completed or approved and was more than 60 days overdue as of the writing of this report.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
<b>Was the decision to close the Services case appropriate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> Services were provided by Catholic Charities of Syracuse.				

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No



<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	From the start of the preventive services case to the date of the fatality, 43 out of 334 progress notes were entered over 30 days after the corresponding event date.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The comprehensive FASP was due 7/14/2021, but was approved 3 months late on 10/13/2021 and the first reassessment FASP was due 11/11/2021, but was approved 1 month late on 12/15/2021.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	OCDSS will complete timely and accurate FASPs.

## Preventive Services History

A Preventive Services case was opened on 4/20/2021 and remained open at the time of the death. OCDSS filed a family court petition against the subject mother and the father of the then 2yo SS due to concerns for their substance misuse while caring for the child, concerns that the father had attacked the mother in the presence of the child, and concerns for the unsafe and unsanitary state of the home and the child's hygiene. A 1027 placement was ordered and the SS was placed with the mother's cousin.

## Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
04/14/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	060947 Mother Female 27 Year(s)	
<b>Comments:</b>	Article 10 Neglect Petitions were filed against the mother and the biological father of the surviving sibling. The family court process remains ongoing as of the writing of this report.	

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
04/14/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	060962 Other Adult Male 37 Year(s)	
<b>Comments:</b>	Article 10 Neglect Petitions were filed against the mother and the biological father of the surviving sibling. The family court process remains ongoing as of the writing of this report.	



<b>Criminal Charge:</b> Endangering the welfare of a child <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
04/09/2021	The mother and the father of the surviving sibling	Unknown	Probation
<b>Comments:</b>	The mother and the father of the surviving sibling were arrested on 4/9/2021. Both were sentenced to probation.		

### Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?     Yes     No

Are there any recommended prevention activities resulting from the review?     Yes     No